

ASTHMA HEALTH MANAGEMENT PLAN

Student: _____ D.O.B. _____

School: _____ Today's Date: _____

Doctor: _____

All current medications:

	Name	Dosage	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Medications to be given at school:

	Name	Dosage	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The following items/conditions are most likely to trigger an asthma episode in my child:

My child's personal best peak flow reading is: _____

My child has a breathing machine: yes no

MIDDLE AND HIGH SCHOOL ONLY

I give permission for my child to carry his/her inhaler throughout the school day. I understand the school and/or employees are not liable for misused, empty, misplaced, lost, damaged or stolen inhalers. I also understand the inhaler needs to be checked by the nurse, before a student will be allowed to carry it on his/her person.

Parent Signature

(over)

ASTHMA EMERGENCY ACTION

The following are possible signs of an asthma emergency:

- Coughing, wheezing, shortness of breath
- Difficulty breathing, walking or talking
- Pale, Blue or gray discoloration of lips, around mouth or fingernails
- Failure of inhaler to reduce worsening symptoms
- Yellow or red zone of peak flow meter or reading < _____

If you observe the above signs:

1. Page the school nurse.
2. Call parent/guardian.
3. Call emergency medical services (EMS), 911, if told to do so by nurse, parents, or in your judgement the child needs emergency care.

To be completed by physician:

Orders for an Acute Asthma Episode:

Physician's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____